

Gifts of Encounter at Death's Door

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Acute vulnerability, rawness, honesty, courage and depth all coexist and surface in the journey towards death.

"I don't want to die!"

"It's not fair, I've done everything right." "I was not expecting this!"

"I'm not ready!"

"How can I leave them?" "I'm really afraid!"

"I can't even think about it!" "It's too much!"

"You wouldn't treat a dog like this." "This is their fault."

"Go away."

Embedded in each of these statements are offerings that communicate 'what is' for the person, each of which may lead to encounter.

I know that Moreno's emphasis on living fully connected engaged lives holds the essence of what is important for all transitions, including that of death. Although there is scant direct reference to death in Moreno's writing, his certainty about our capacity to grow, regardless of what life throws at us or where we are in our life journey, is demonstrated in the richness of clinical examples he left in his writing.

So, first and foremost, this paper is about encounter. More specifically, it's about my understanding of Moreno's call towards encounter, which I believe is a challenge to put as much of ourselves into our lives as we can muster to be available for the healing that encounter offers. This writing is an invitation to warm up and enter these offerings, with curiosity and openness. It demonstrates clinical examples of using psychodrama theory and methodology in one-to-one therapeutic sessions in the hospice setting.

So, what is encounter?

I appreciate Zerka's simple clarity in explaining the meaning of encounter. She communicates it being a fully embodied, here and now, active process

of engagement. "Encounter means that the two persons not only meet but also experience and comprehend one another, each with his whole being..." (Moreno, 2006, p. 209).

Moreno's clinical examples demonstrate psychodrama as an active methodology. This emphasis serves to breathe life into psychodrama theory. Following his example, I move straight to the stage where action takes place and follow these clinical examples with theoretical discussion. (NB: Attention has been given to ensure client confidentiality)

Ada: Warming up and entering the unknown.

I received a referral to see 80-year-old Ada, apparently "shut down" and "not engaged" with staff who were trying to assist her. Ada was bedridden with a painful, smelly, disfiguring, fungating tumour. Her physical pain had improved with medical input.

I had previously introduced myself to gain consent for contact and an initial experience of her. During this time, I asked her a little about the life she lived and discovered that she lived alone, spending much of her time in solitude in her beloved garden. Ada enjoyed visits from her three adult children who

lived out of town. She expressed a sad acceptance that their relationships were strained, so they never visited together. I had left the room having organized a time to see her and felt heaviness in response to her flattened affect. My sense was of a woman in touch with nature and family relationships which were sources of comfort and life to her. She valued life and was capable of social interaction. It was apparent that something was prompting a primitive response in her.

As I prepare for my second contact with Ada, I notice my blankness. I have no idea how, or if, I can assist her. Unusually, I am troubled with feelings of anxiety as I contemplate being with her. It seems important to settle myself. Listening to this prompt, I walk quietly in the garden and consciously breathe in the stillness and life that is present. I notice the Kowhai tree and am drawn to its buds, just beginning to burst. Thinking of her, I pick a small twig, the flowers unfolding flesh quietly stand out. I am conscious of my bodily response to Ada and my wish to be as present and available to her as possible.

I enter the room and pull a chair up close to Ada's bed and give her the flower. I say, "I was walking in the garden out there thinking of you and saw this flower."

We begin to talk about her garden and her life.

Ada says very little, and I match her level of responsiveness.

Staying calm, I remind myself that my role is to sit alongside her and resist the urge to try to fix anything.

We wander together around the garden in her mind with several pauses.

Eventually Ada says, "How can you stand being near me?"

Feeling the full force of her disdain, for her tortured body, as a painful tension in my chest, I respond,

"What is it like for you that your body is like this?"

Her eyes well with tears and she continues, "I don't know how anyone can do this."

I respond, "This is torture for you...it is hard to know yourself anymore when this is happening to your body."

Looking downward, she nods, remains wordless and full of feeling.

I pause, then I say, "It is hard to imagine that anyone could stand bearing what you have to bear". Listening to the prompt of a childhood memory I continue, "Sitting here with you I am remembering being outdoors with my mum when I was little."

I speak about my mother walking with me in the paddock, noticing and pointing out the beauty in what were considered weeds. Her ability to see goodness and convey her depth of contact with the natural world somehow seems relevant to Ada right now, as we are talking about this tumour that is taking her life away.

This very private woman then speaks directly about her embarrassment of needing staff assistance with this smelly tumour.

I continue responding to her, "You know, us human beings are designed to need and help each other. Sometimes it is easier to be the helper than the one that needs help. I know that this is true for me too."

Ada visibly relaxes and we return to speaking about the garden before I take my leave.

Following this brief encounter Ada allowed her 'physical cares' to take place and engaged with staff. I believe Encounter between Ada and myself occurred when we allowed each other to be seen.

Edna: Doubling and being a full auxiliary to facilitate the encounter in a single meeting

The nursing staff had referred Edna. They had been struggling with her constant demands and concerned about her agitation and anxiety.

With this in mind, I enter her room. Her frailty and anxiety immediately 'hit me'. I introduce myself then quieten myself and sit still for a few minutes. I notice an ease between us, even though no words are spoken. Listening to my body experience in her presence, words emerge in my mind. I then double her saying "I'm frightened...I don't want to die".

Edna responds, "I don't want to die twisted up in my face and hands and be like that forever". I enquire about what makes her think this might happen.

She explains her experience of seeing her grandmother at death when she was a child. I say, "So, you don't want to die like her, all twisted up?"

“No”, she replies.

Noticing the pad beside her that has unrecognizable scribbles on it, I ask, “Do you want me to write that down for you?”

She nods and I speak her words clearly as I write, “*I do not want to die all twisted up in my face and hands and be like that forever*”.

I invite her to sign her words; she does this with a tiny scribble. This simple action leaves her deepest wish visible for all to see. Once written, her words sit clearly in the world and fully in Edna.

She then asks for one of her cigarettes and says, “Now I can relax.” I smile and nod, feel the ease settle in my own gut and am heart warmed by this tiny interaction.

Staying in relationship we voice our mutual respect. She says, “You are a special woman”. I respond, “It takes one to know one”.

I offer her another time in a few days. She agrees, adding “If I’m here”, as she reaches out and kisses me in farewell. We both know she might not be alive by our next scheduled meeting, and indeed...she is not.

Creating the conditions for the possibility for encounter

The psychodramatist’s fully embodied self, through encounter, is required to bring communication fully to life. Thus, healing occurs in the space between the two individuals. The self through encounter is a primary therapeutic instrument.

I understand healing through encounter to encompass and utilize information that is interpersonal (telic), intra psychic (in the mind and spirit) and auto telic (tele of one’s self), where the interaction of these forces forms the healing dynamic. I bring qualities into the room (including thoughts, feelings, insights, energy, spiritual flow), that are present within me (conscious and unconscious). What I am warmed up to is in the foreground. This sits together with whatever is in the person (protagonist) and what s/he is warmed up to. Where I sit has an impact on the quality of what is possible and the warm-up of the person I am with. “Bodily contact...most indicated if it gives the patient the warmth and immediacy of pulsating life in an area in which he is in need — not only in words, but in action.” (Moreno, J. & Moreno, Z., 1969). Like standing on the physical stage in classical Psychodrama, close proximity communicates that work is about to take place. I pull a chair as close to the person as my reading of the telic information will allow me. Where possible, I ensure that proximity enables physical contact. Verbal interaction emerges from the reflective space, intentionally prepared prior to entering the room, and then allowed once contact is established in the room. What I notice in my body and mind in response to the person is verbalized.

Encounter occurs where meeting and flow is created/allowed between two individuals. In this flow, verbal and non-verbal information is

communicated. In essence, there is an interplay of tele, intra psychic information and auto tele.

The encounter is an active, conscious and exacting process requiring attunement to self and other. Willingness to be alongside, to feel and tolerate one's own responses and those of the other, is required. This includes observing our own coping responses. When we stand on the psychodrama stage, we are not separate observers, empathic helpers, or curious reflective listeners. Psychodrama's intention is to be with and in; to double fully and be a dynamic, full auxiliary for the person while knowing the healing potential of the encounter.

This calls for boldness, imagination, risk taking and effective listening, including attention to feeling tone, subtle body language and energy shifts. It requires trust and giving voice to emerging unspoken communication; physical and emotional responses; hunches; images, sayings, song ditties and other prompts. These all emerge as auxiliaries in the work. Authentic responses in the here and now can emerge as laughter, tears, worry, anger or tenderness, agony or terror or possibly sorrowful farewells.

Contact beyond the superficial is only accomplished if we are settled and this is articulated in our demeanour. When sufficient availability is communicated then connection is possible because fear, busyness etc. do not form the foundation of the contact. When we listen and deeply respond to someone's sharing in our work, there is an unspoken subtext that says, "I can't go with you, but I can be with you now", separate from you and not separate from you, in the encounter where we both experience something of the essence of each other. Zerka Moreno describes this well when she writes of the double experience, "they are fused and separate and fused again" (Moreno, Z., 2006, p. 52).

Zerka Moreno (p.209) was clear about the necessity to not pre-empt the work, but to allow it to surface. She states, "The encounter is unprepared; it is not conducted or rehearsed in advance". More specifically, she reminds us that a "...predetermined course of action would prevent spontaneity for the patient, reduce the tele flowing from the patient to auxiliary and furthermore throw the ego off the therapeutic track" (p.39). Trusting our clients and using the method assists us to see through the dross to the heart of the matter sitting in front of us. When we make space for the encounter the layers of what is communicated are available. For example, in a client's withdrawal or fussing we may discover what else is irritating or worrying, what is avoided or what is difficult to bear.

Moreno understood the impact of full connection in relationships and how encounter addressed suffering. Our challenge is to stay alert to moments of disconnection, in ourselves and others and attend to what is discovered with spontaneity and creativity, to enable contact to be meaningful. *Through psychodrama I have realized the primary task of all therapeutic work is to 'be with',*

to settle myself, notice with all my senses, listen for what is spoken and what seems unspeakable, or intolerable to bring to life what is discovered. It takes courage and honesty to go deeply into work where terror and fear sits. To do so requires living a considered, vital and full life myself and importantly that means, to have also discovered the necessity for compassion towards my own fluctuating capacity and personal limits.

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